

## REFERENCES AND REVIEWS

(Continued from Page 24)

most cases. Pre- and postoperative gonioscopic and tonometric findings were described, and factors which influenced postoperative elevation of ocular pressure were discussed. The findings failed to show that glaucoma occurred in an alarming number of instances as a result of the scleral buckling operation with circling polyethylene tube.

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AMINOPEPTIDASE IN ELASTOTIC SKIN—J. Hasegawa, Arch. Derm.—Vol. 85:720 (June) 1962.

Histochemical study of 10 punch biopsy specimens of elastosis of skin showed localization of an aminopeptidase in the areas of elastosis. Adsorption of the aminopeptidase from the adjacent cellular structures could not be demonstrated.

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MARGINAL KERATITIS FOLLOWING MUSCLE SURGERY—J. S. Nauheim, Arch. Ophthalm.—Vol. 67:708 (June) 1962.

Ten cases of keratitis and corneal ulceration adjacent to the site of previous eye muscle surgery were observed. Lesions occurring between 5 and 19 days postoperatively were healed within 3 to 28 days. Local antibiotics to prevent secondary infection were advocated. Embarrassment of local corneal circulation due to section of anterior ciliary vessels and prolonged local conjunctival edema were postulated as cause.

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MORTALITY CAUSES IN GENERAL SURGERY: A 30-Year Study—C. B. Morton, II—Ann. Surg.—Vol. 155:991 (June) 1962.

During 30 years, 1928-1957 inclusive, 9,364 patients underwent 9,734 major surgical operations performed by a single surgeon in an ordinary general surgical practice.

There were 195 deaths, a patient mortality rate of 2.29 per cent, an operation mortality rate of 1.75 per cent. Several tabulations indicating the mortality by years, and classified the deaths by regions, by operations, and by the pathologic processes responsible for death.

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GIANT PERICARDIAL CYST—C. A. Ross and A. G. Ramos, Amer. Rev. Resp. Dis.—Vol. 85:895 (June) 1962.

An unusual pericardial cyst sufficiently large to produce dyspnea by compression of normal lung is described. The cyst arose in the mediastinum and extended to both the left and right hemithorax. It contained 3 liters of clear fluid. Total excision by bilateral anterior thoracotomy gave complete relief of symptoms.

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DIRECT-ACCESS DIAGNOSTIC FACILITIES IN GENERAL PRACTICE—T. S. Eimerl, Lancet—Vol. 1:851 (April 21) 1962.

The results of a survey of figures provided by the Ministry of Health for 1958 and 1960 are presented. It is shown that with 21,000 family doctors freely available to 45 million people only 6 per cent of all patients referred for routine pathology are sent via G.P.'s, only 9 per cent of all radiology is performed at the request of G.P.'s. In teaching hospitals only 1 in 50 of all investigators in pathology and only 1 in 80 of all investigators in radiology are requested by family doctors. Lessons drawn from this imbalance suggest that 13 years after the inception of the National Health Service, family doctors do not have all the facilities of direct-access diagnostic investigation essential to good family doctoring. Suggestions are offered regarding the functional design and the purpose of a hospital which offers a full range of care. A comparison is drawn between medical practice in the United Kingdom and medical practice in Holland and in the Scandinavian countries.

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